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TC 2800 MAIL ROOM
5/2/C
T. 4005
6-2601

A timely response to the September 26, 2000 Office Action having been filed on March 26, 2001, please further amend the above-identified application as follows:

2875



In re Application of:

MAKOTO OGURA

Application No.: 09/342,255

Filed: June 29, 1999

For: LIGHT CONDUCTIVE MEMBER,
ILLUMINATING DEVICE HAVING THE
SAME, AND INFORMATION PROCESSING
APPARATUS HAVING THE ILLUMINATING
DEVICE

Docket No. 35.C11293 DI

Examiner: T. Sember

Group Art Unit: 2875

Date: June 19, 2001

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TC 2800 MAIL ROOM

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 8	MINUS	** 20	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$40 \$80	\$ -0-
Fee for Multiple Dependent claims \$135°/\$270						\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

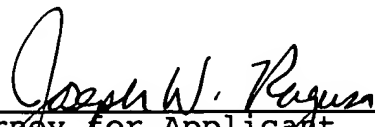
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200